



## CASE STUDY

Regarding Healthcare Facility's Duty to Provide Workplace  
Violence Training to All Workers.

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# Introduction



## Purpose

The purpose of this case study is to highlight Federal and other agency recommendations on how healthcare facilities should train to best respond to and protect against active shooter and workplace violence.

### EMPLOYER: DUTY TO PROVIDE AN ENVIRONMENT SAFE FROM HAZARDS

Employers, under the General Duty Clause of the Occupational Safety and Health Administration, are required to provide employees with working environments that are free from recognized hazards that are causing or likely to cause death or serious physical harm. Healthcare facilities are held to a higher standard of care because of the OSHA directive, which provides best practices to follow for the response and protection of employees.

### ALICE: THE NEW STANDARD OF CARE

If a healthcare facility fails to comply with OSHA's general duty clause 5(a)(1) and recommendations from the Department of Health and Human Services, the facility can be found to have failed in establishing a working environment safe from recognizable hazards that are likely to cause death or serious harm to employees. When developing or auditing facility safety and security policies, healthcare facilities must consider:

1. *Did you comply with federal recommendations?*
2. *Is your policy consistent with comparable facilities?*
3. *Did you comply with your own stated policy?*

### EXECUTIVE SUMMARY ALICE: THE NEW STANDARD OF CARE

The purpose of this case study is to highlight Federal and other agency recommendation on how healthcare facilities may best respond and protect against an active shooter and workplace violence.

Historically, federal agencies have recommended a lockdown-only approach that included hiding under desks or against walls. Some of these techniques originated during the cold-war as a method of protection from a nuclear threat. As ridiculous as this now seems, it was accepted in the era.

Today, agencies (including the US Department of Health and Human Services, FEMA, and the US Department of Homeland Security) have spent considerable resources researching active shooter events. Their findings have resulted in a change in guidance - a movement away from the cold war era techniques typically used in a lockdown-only approach. ALICE protocols are used almost exclusively in all new guidance.

**Following current federal recommendations is a major step in limiting a healthcare facility's liability by demonstrating the facility has met today's standard of care.**



## DEPT. OF HEALTH & HUMAN SERVICES

### Document Title

Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans (November 2014 edition)

### Case Study Findings

The U.S. Department of Health and Human Services 2014 guidance for incorporating active shooter incident planning into healthcare facility emergency operations plans was created to encourage healthcare facilities to consider how to better prepare for an active shooter event. Healthcare facility emergency operations plans should be fluid and reviewed regularly.

### Background

National preparedness efforts, including planning, are based on Presidential Policy Directive (PPD) 8: National Preparedness, which was signed by the President in March 2011. This directive represents an evolution in the collective understanding of national preparedness based on lessons learned from natural disasters, terrorist acts, and active shooter and other violent incidents. PPD-8 defines preparedness around five mission areas: Prevention, Protection, Mitigation, Response, and Recovery.

### Agencies Issuing Guidance

- U.S. Department of Health and Human Services (DHHS)
- U.S. Department of Homeland Security (DHS)
- U.S. Department of Justice (DOJ)
- U.S. Federal Bureau of Investigation (FBI)
- U.S. Federal Emergency Management Agency (FEMA)

## LOCKDOWN IS NO LONGER ENOUGH

*"If neither running nor hiding is a safe option, as a last resort and when confronted by the shooter, adults in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc. Research shows the strength in numbers as indicated in the earlier-mentioned study where the potential victims themselves disrupted 17 of 51 active shooter incidents before law enforcement arrived." [Page 21]*

## THOSE IN HARM'S WAY SHOULD MAKE THEIR OWN SURVIVAL DECISIONS

*"To be clear, confronting an active shooter should never be a requirement of any healthcare provider's job; how each individual chooses to respond if directly confronted by an active shooter is up to him or her." [Page 21]*

*"Nobody can or should be instructed that they must stay or they must leave." [Page 17]*

*"Regardless of training or directions given, each employee, visitor, and patient will react and respond based on his or her own instincts. Some people may not be able to leave; others may refuse to leave. Some will find comfort in a group; others will face the challenges alone. It would be difficult or impossible for HCFs to inform visitors and patients of every eventuality. HCFs should help employees understand there is no perfect response." [Page 17]*



## SURVIVAL DECISIONS CONTINUED

"Nobody can or should be instructed that they must stay or they must leave. However, HCFs can help employees better prepare, respond, and recover by discussing the active shooter incident and inviting employees to trust that they will make the best decision they can at the time, relying on their individual circumstances. During an active shooter incident, those present will rarely have all of the information they need to make a fully-informed decision about applying the 'Run, Hide, Fight' options." [Page 17]

## MULTIPLE RESPONSE OPTIONS NEEDED

"Everyone should be trained first to run away from the shooter, if possible, encouraging others to follow. If that is not possible, they should seek a secure place to hide and deny the shooter access. As a last resort, each person must consider whether he or she can and will fight to survive, incapacitate the shooter, and protect others from harm. Though this may seem extreme, in a study of 51 active shooter incidents that ended before law enforcement arrived, the potential victims stopped the attacker themselves in 17 instances. In 14 of those cases, they physically subdued the attacker." [Page 10]

"As the situation develops, staff, patients, and visitors need to be trained to know how to use more than one option in the "Run, Hide, Fight" continuum. Individuals need to learn to decide what action is appropriate based on their locations. The goal in all cases is to survive and protect others, but options will depend on how close individuals are to the shooter. Individuals fearing danger should consider the following guidance in making personal choices and taking appropriate actions." [Page 18]

## MULTIPLE OPTIONS CONTINUED

"No single response fits all active shooter incidents; however, making sure each individual knows his or her options for response and can react decisively will save valuable time." [Page 19]

## PLAIN LANGUAGE ALERTS

"Generally, plain language communications, not coded, should be used in conjunction with any coded light and sound systems to maximize message delivery. If the use of coded language is necessary, beyond merely training staff, extra care should be given to how best to communicate the presence of an active shooter to others at risk." [Page 13]

"While there is a sense in the popular culture that a clear warning may induce panic, research shows that people do not panic when given clear and informative warnings.<sup>9</sup> Research also shows that people want to have accurate information and clear instructions on how to protect themselves in the emergency. For many HCFs, not all members of the HCF community will understand a code system; therefore, plain language warnings and clear instructions should be given. As appropriate to the community, clear, consistent, accessible, and culturally and linguistically appropriate methods should be used to effectively relay information." [Page 13-14]

# Occupational Safety and Health Administration



## OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

### Document Title

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (2015)

### Case Study Findings

The 2015 guidelines replace OSHA's 1996 and 2004 voluntary guidelines for preventing workplace violence for healthcare and social service workers. The guidelines given in the document are based on industry best practices and feedback from stakeholders for developing policies and procedures to reduce workplace violence in healthcare and social service settings.

### Background

This publication provides an overview of worker's rights under the Occupational Safety and Health Act (OSH Act) of 1970. Due to interpretations and enforcement policy which may change over time, readers should consult current administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the courts for guidance on OSHA compliance requirements.

### Agency Issuing Guidance

- U.S. Department of Labor

## OSHA GENERAL DUTY CLAUSE

*OSHA General Duty Clause 5(a)(1)*

*(a) Each employer --*

*(1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;*

## TRAINING FOR ALL

*"The training program should involve all workers, including contract workers, supervisors, and managers. Workers who may face safety and security hazards should receive formal instruction on any specific or potential hazards associated with the unit or job and the facility." [Page 25]*

*"New and reassigned workers should receive an initial orientation before being assigned their job duties. All workers should receive required training annually. In high-risk settings and institutions, refresher training may be needed more frequently, perhaps monthly or quarterly, to effectively reach and inform all workers." [Page 25]*

## EXERCISES & DRILLS

*"Effective training programs should involve role-playing, simulations and drills." [Page 25]*

*"Both de-escalation and self-defense training should include a hands-on component." [Page 26]*

# Minnesota Statutes, Section 144.566



**MDH**

Minnesota  
Department of Health

## MINNESOTA DEPARTMENT OF HEALTH

### Minnesota Statutes, Section 144.566

Violence Against Health Care Workers (2015)

#### Statute Requirements

Minnesota hospitals are mandated to design and implement preparedness and incident response plans for acts of violence and provide training to their staff. Funding is available to provide these resources through the Minnesota Department of Health.

#### Background

Healthcare facilities in the state of Minnesota expressed concerns about response to violence within their facilities. Due to these concerns a group convened to develop recommendations and best practices throughout the state. In 2015, continued concern over high-profile violent incidents led to legislation being brought forward, requiring training and prevention plans in hospitals.

#### Agency Issuing Guidance

- Minnesota Hospital Association
- Minnesota Medical Association
- Minnesota Nurses Association
- Care Providers of Minnesota
- Leading Age Minnesota
- A number of healthcare facilities throughout the state

## HOSPITAL DUTIES

*"All hospitals must design and implement preparedness and incident response action plans to acts of violence and review the plan at least annually thereafter."*

## TRAINING & EXERCISES FOR ALL

*"A hospital shall provide training to all health care workers employed or contracted with the hospital on safety during acts of violence. Each health care worker must receive safety training annually and upon hire. Training must, at a minimum, include:*

1. *safety guidelines for response to and de-escalation of an act of violence;*
2. *ways to identify potentially violent or abusive situations; and*
3. *the hospital's incident response reaction plan and violence prevention plan."*

*The law defines health care worker as, "any person, licensed or unlicensed, employed by, volunteering in, or under contract with a hospital, who has direct contact with a patient of the hospital for purposes of either medical care or emergency response to situations potentially involving violence."*

## RECOMMENDS "ALICE"

*The Minnesota Department of Health provides resources on their website to help hospitals meet these new legal requirements. On their list of "Violence Prevention and Response Training Options," ALICE Training is a recommended response.*

# Stanford Hospital & Clinics Risk Consulting



## STANFORD HOSPITAL & CLINICS RISK CONSULTING

### Document Title

Stanford Hospital & Clinics Risk Consulting, *The Active Shooter, The New Threat in Healthcare* (April 2011)

### Case Study Findings

The white paper provides a summary of previous violence in healthcare settings. The document also provides considerations for healthcare facilities when reviewing and updating existing policies for response to an active shooter and violent events.

### Background

This white paper was created by Dana Orquiza in April of 2011. Ms. Orquiza provided risk management consultations and education to the healthcare providers of Stanford Hospital & Clinics and Lucile Packard Children's Hospital.

### Agency Issuing Guidance

- Stanford Hospital & Clinics Risk Consulting

## PLAIN LANGUAGE ALERTS

"Federal agencies have moved away from color coding emergencies to using plain text/clear language. Similar to hospitals, variance of color coding was observed among federal agencies. The switch to plain text/clear language was prompted by the need to clearly and effectively communicate information during emergencies such as natural disasters or terrorist attacks. In 2010, the Wisconsin Hospital Association (WHA) strongly recommended that hospitals use plain text/clear language for overhead pages by January 2012.<sup>20</sup> Although 60% of the hospitals surveyed used the same emergency codes for fire and cardiac arrest, variance was found among other emergencies (11 different codes for infant abduction and 23 for disaster).<sup>21</sup> Their rationale for this change included.<sup>22</sup>

- Reducing the amount of information an employee must learn or re-learn and decreasing the risk of confusion during emergent events;
- Enhancing emergency communication among hospitals and external agencies by using common language;
- The use of different numbers and color codes creates confusion and increases the risk of miscommunication and the potential for serious negative outcomes." [Page 9]

## EXERCISE & DRILLS

"Furthermore, organizations must acknowledge that a well delineated policy and procedure may not be sufficient for confronting and managing this situation. Active shooter exercises are encouraged to help organizations better recognize deficiencies in planning and capability; simulations will also enable staffers to function with better understanding of the process. During these exercise drills, the critical components of an emergency response are tested." [Page 12-13]

# Healthcare & Public Health Sector Coordinating Councils



## HEALTHCARE & PUBLIC HEALTH SECTOR COORDINATING COUNCILS

### Document Title

Active Shooter Planning and Response in a Healthcare Setting (January 2014)

### Case Study Findings

The document points out that healthcare facilities and academic health centers represent a unique challenge for active shooter planning due to multiple factors ranging from size, location, security level, etc. This document is intended to be a guidance to healthcare facilities as they develop active shooter response plans unique to their organization.

### Background

This document was created in January 2014 with the purpose of guidance specific to the healthcare sector. The document was a collective effort of local, state, and federal teams including emergency management, law enforcement, first responders, healthcare providers, lawyers, and government agencies.

### Agencies Issuing Guidance

- Healthcare and Public Health Sector Coordinating Councils
- Government Coordinating Council of government partners
- Sector Coordinating Council of private sector partners

## THOSE IN HARM'S WAY SHOULD MAKE THEIR OWN SURVIVAL DECISIONS

*"Another principle is that in the end, individuals will have to make decisions based on their assessment of the situation in how best to maximize the protection of life and what tactics to employ. When all other options have been exhausted, an individual decision to engage or fight the shooter may be the only tactic available." [Page 4]*

## EXERCISES & DRILLS

*"Most healthcare facilities practice evacuation drills for fires and protective measures for natural disasters, but far fewer healthcare facilities practice for active shooter situations. To be prepared for an active shooter incident, healthcare facilities should train their staff in what to expect and how to react." [Page 10]*

## RECOMMENDS "ALICE"

*"The primary purpose of your response plan shall be to prevent, reduce or limit access to potential victims and to mitigate the loss of life. Options for consideration in developing your response plan include ALICE. "ALICE" is an acronym for five steps the proponents say can be used to increase your chances of surviving a surprise attack by an Active Shooter." [Page 4]*

## ENDORSED BY LAW ENFORCEMENT

ALICE is utilized by law enforcement across the country and in line with recommendations from the: Department of Homeland Security (DHS), Department of Health and Human Services (DHHS), Federal Emergency Management Agency (FEMA), Federal Bureau of Investigation (FBI), Department of Justice (DOJ), US Department of Education, along with many state agencies across the US.

## ABOUT ALICE

The ALICE program was authored by a police officer to keep his wife, an elementary school principal, safe after the tragic events at Columbine. Since these humble beginnings, ALICE continues to be the leading active shooter response program for businesses, healthcare facilities, schools, universities, and nonprofits across the US.

ALICE (Alert, Lockdown, Inform, Counter, Evacuate) training helps prepare individuals to handle the threat of an Active Shooter. ALICE teaches individuals to participate in their own survival, while leading others to safety. Though no one can guarantee success in this type of situation, this new set of skills will greatly increase the odds of survival should anyone face this form of disaster.

## GET ALICE CERTIFIED

Being an ALICE Certified Organization demonstrates to your stakeholders that you are serious about safety: including the safety of your employees, visitors, and patients

The ALICE Certified mark, which is backed by our research and years of experience, indicates to your stakeholders that you have gone the extra mile to practice safety training that has been deemed to be critical to help survive today's violent intruder events. Becoming an ALICE Certified Organization can bring your healthcare facility to compliance with federal and state regulations. To learn more please visit us at [www.alicetraining.com](http://www.alicetraining.com).



## CERTIFIED

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